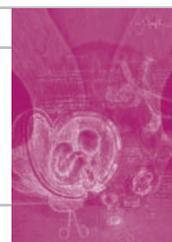


The posterior compartment – whose domain is it?



In an interesting article published in this edition of SAJOG, Adam and co-workers¹ look at the differences between gynaecologists and urologists with regard to management of the posterior pelvic compartment. Compared with urologists, gynaecologists saw more patients with disorders of the posterior compartment and performed more surgical procedures in this area. However, when it came to surgery, urologists inserted a mesh with sacrospinous ligament fixation much more frequently than gynaecologists (58% v. 17%). The findings reported in this article raise two questions: why do urologists use mesh so much more often, and is it ethically acceptable that urologists manage disorders of the posterior compartment?

Urology is the branch of medicine connected with diseases of the urinary tract.² The organs covered by urology include the kidneys, adrenal glands, ureters, urinary bladder, urethra, vas deferens, seminal vesicles, prostate and penis. Urology is closely related to, and in some cases overlaps with, the medical fields of oncology, nephrology, gynaecology, andrology, paediatric surgery, gastro-enterology and endocrinology.³ More recently, the subdivision of female urology was established, dealing with overactive bladder, pelvic organ prolapse and urinary incontinence.³

Gynaecology, on the other hand, is the study of disease of the female reproductive organs, including the breasts.⁴ The main conditions dealt with by a gynaecologist are cancer, incontinence, infertility, menorrhagia, prolapse of the pelvic organs and infections of the vagina, cervix and uterus.⁵ From these descriptions, there is an obvious overlap with female urology.

Urogynaecology is the subspecialty of obstetrics and gynaecology dealing with urinary incontinence in the female and female pelvic floor disorders.⁶ It covers a wide range of conditions: female genital prolapse including all forms of vaginal prolapse (cystocele, enterocele, rectocele), urinary and faecal incontinence, congenital abnormalities, fistulas, voiding difficulties, lichen planus, lichen sclerosus and dyspareunia.⁶ This list is more comprehensive compared with that defined under female urology.³

Colorectal surgery is the field of medicine dealing with disorders of the rectum, anus and colon.⁷ It is obvious that prolapse of the rectum, including rectocele, falls within the scope of the colorectal surgeon. Other conditions treated by colorectal surgeons include perineal body defect, obstructed defecation, faecal incontinence, and in some cases enterocele.

Historically, urogynaecology was pioneered by Howard Kelly, a gynaecologist at Johns Hopkins Hospital, Baltimore, Maryland, USA, in 1883. He invented an air cystoscope and developed several surgical procedures for urinary incontinence and pelvic organ prolapse. It was only more recently that urology and surgery became involved in this field.

In 1996, the subspecialty of female pelvic medicine and reconstructive surgery (FPMRS) was board-accredited in the USA.⁵ Both gynaecologists and urologists are accepted to sub-specialise in this field. It covers the entire field of female pelvic organ prolapse, including the posterior compartment.

In South Africa, the South African Urogynaecological Association has attempted to establish the sub-discipline of urogynaecology over the past 6 years. The first attempt intended to include urologists, which was rejected by the Health Professions Council of South Africa. The current proposal includes only gynaecologists.

From the abovementioned it is not quite clear to whom the posterior compartment belongs. The posterior compartment involves, among other structures, the vagina, rectum and lower colon. Historically and legitimately, gynaecology is a major role player in this field. Surgery is involved as well because of the rectum and colon. For urology, however, the situation is less clear. The posterior compartment is not part of urology,² but female urology deals with pelvic organ prolapse, although the posterior compartment is not clearly mentioned in its scope of practice.³ FPMRS, however, covers the entire field of pelvic organ prolapse, including the posterior compartment. Urologists are allowed into FPMRS training (USA).

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